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OUTCOME OF PROCEEDINGS

From:	General Secretariat of the Council
To:	Delegations
Subject:	Working Party on Public Health at Senior Level on 3 February 2017

INTRODUCTION

The 18th meeting of the Working Party on Public Health at Senior Level (WPPHSL) was chaired by Dr. Neville Calleja, Director of the Directorate for Health Information and Research, Ministry of Health of the Republic of Malta.

1. ADOPTION OF THE AGENDA

The provisional agenda was adopted¹ with no additional 'Any other business' items.

2. THE ROLE OF THE WORKING PARTY ON PUBLIC HEALTH AT SENIOR LEVEL IN SETTING PUBLIC HEALTH PRIORITIES

The Presidency introduced the item on the basis of a Presidency note on this subject (cf. doc. 5175/17). The objective of the exchange of views was to assess if the WPPHSL is efficiently fulfilling its mandate and if some improvements could be made as regards the functioning of the group on the basis of a questionnaire prepared by the Presidency.

¹ CM 1094/1/17 REV 1

Delegations considered that the mandate of the WPPHSL as set out in the Council Conclusions on 10 June 2008 is adequate and that there is therefore no need to amend it.

Nevertheless, many delegations indicated that the group would benefit from a more flexible and dynamic agenda on which the Presidency could consult delegations in advance of each meeting. Several delegations considered that the work of the WPPHSL should be focused on a few strategic issues and less on the reporting items. Many delegations considered that topics such as access to medicines, Health Technology Assessment (HTA) and Health and the European Pillar of Social Rights are topics of uttermost importance and that therefore more space should be given for discussion on those. Other issues considered important were antimicrobial resistance as well as economic constraints and their influence on health systems. The need for continuity and close collaboration between the Presidencies in setting up the agenda of the WPPHSL was also mentioned. Finally, some delegations considered that the group should play a stronger role in the preparation of and the follow-up to the informal meetings of the Health Ministers as well as the EPSCO (Health) Council.

The Commission representative stated that their objective is to use all instruments at their disposal to support Member States and they see the group as playing an important role in reinforcing cooperation and assuring the connection between the EU health policy and the national health policies. He considered that only issues of EU added value - like antimicrobial resistance - should be considered at EU level and agreed that it is important to consider the impact which other policies have on health (for example, social policy).

The Presidency, after inviting delegations to submit written comments on this point by 20 February 2017, concluded that it would work with the incoming Presidency trio to prepare the further work of the group.

3. FURTHERING A MEMBER STATE DRIVEN VOLUNTARY COOPERATION TO SUPPORT ACCESS TO MEDICINES

The Presidency presented briefly the Presidency note (cf. doc. 5170/17) in order to update delegations on the follow-up to the Council conclusions on strengthening the balance in the pharmaceutical systems in the EU and its Member States of June 2016. The note outlined possible areas of voluntary cooperation in this context (e.g. information sharing, voluntary price negotiations, measures to address medicine shortages, HTA, tackling healthcare waste) and raised a number of questions with the aim of facilitating the discussion.

Delegations welcomed the Presidency note and shared their experiences with the voluntary cooperation in access to medicines. Some delegations pointed out that this kind of cooperation can be particularly beneficial for the smaller Member States, notably as regards access to highly priced/innovative/orphan medicines. Several delegations considered that the existing networks should be better explored and strengthened.

Delegations welcomed the idea of voluntary cooperation, especially in areas where there could be an added value, as HTA, horizon scanning, medicine shortages and paediatric medicines.

Delegations also considered that there were already many incentives to pursue such cooperation, while keeping in mind that certain differences between healthcare systems, in particular governance structures and decision making entities, as well as procurement rules, could represent obstacles to this cooperation. Among the incentives delegations mentioned the financial crisis and the strain it poses on health systems, the increased complexity of the assessment needed in order to decide on granting access to specific medicinal products, the need to avoid duplication of efforts with regard to those assessments as well as the voluntary aspect, that allows for flexibility (i.e. the possibility to choose the partners and the topics as well as the possibility to exchange good practices and experience). Finally, delegations indicated that they were looking forward to the forthcoming publication of the results of the studies, which the Commission has financed in relation to this issue.

In connection to this item, the Greek delegation informed the group on the Conclusions of the high-level meeting of Southern European Member States on “Current challenges in the field of pharmaceutical policy” that took place in Athens on 22 July 2016.

The Commission representative considered that Member States' cooperation is commendable in whichever way they consider appropriate and expressed readiness to support this cooperation with practical instruments, such as horizon scanning, or the development of databases.

The Presidency invited delegations to submit written comments on this item by 20 February 2017. These comments will serve as a basis for the workshop to be held on this topic in Malta on 1-2 March 2017, as well as for the Presidency preparations in view of the informal meeting of the Health Ministers and for the subsequent drafting of the Council Conclusions on this subject.

4. FOLLOW-UP TO THE COUNCIL CONCLUSIONS ON THE IMPACT OF ANTIMICROBIAL RESISTANCE IN THE HUMAN HEALTH SECTOR AND VETERINARY SECTOR - A "ONE HEALTH" PERSPECTIVE.

The Presidency shortly introduced the topic of antimicrobial resistance (AMR) based on a note which included some questions to facilitate the exchange of views (cf. doc. 5173/17).

Delegations welcomed the choice by the Presidency of the topic for discussion, given that the antimicrobial resistance (AMR) remains one of the most important issues on the public health agenda, looking forward to the new Action Plan on AMR to be published by the Commission in 2017. In that context, delegations underlined the importance of streamlining the tools and resources at hand and of the creation of new economic business models, in the run-up to the first meeting of the “One health” Network. Delegations also pointed out that in order to get better results, the human and veterinary sectors should be brought together more effectively, by better coordinating all relevant sectors, especially at national level. A number of relevant topics, including cooperation in the area of research and development, development of new, fast and accessible diagnostic tools, as well as the development and implementation of national Action Plans, were mentioned. Delegations shared a number of best practices introduced at national level, such as setting up cross-sectoral coordination on AMR and setting concrete targets as well as the monitoring and evaluation of the actions taken to meet these targets. Finally, delegations pointed out that the “One health” network could be used as a forum for supporting concrete actions in individual Member States.

The Commission representative confirmed that the new Action Plan on AMR will focus on activities with a clear EU added value. The objective is to enable the EU to become the best practice region to combat AMR, to emphasise Research & Development and to play a prevailing role with regard to this issue in international bodies (such as UN, G7 and G20) and in the bilateral relations with strategic partners. In addition, the Commission informed delegations of the launch of a new Joint Action (2017-2020) to assist Member States in developing and implementing the national Action Plans.

The Presidency invited delegations to submit written comments on this item by 20 February 2017.

5. RESEARCH INVESTMENT ON EVIDENCE ON HEALTH

After a short introduction by the Presidency, based on a Presidency note (cf. doc. 5172/17), two presentations concerning the proposed [European Research Network Consortium \(ERIC\)](#) on Health Information and the proposed [European Research Network Scheme \(ERANET\)](#) on Health Systems Research were given by the leaders of those initiatives. After these presentations, an exchange of views took place on the basis of the questions raised in the Presidency note, in particular on the first question concerning the evaluation of ERIC or ERANET as fora of cooperation for the generation of evidence to support health policies.

Delegations acknowledged the value of initiatives that seek to put in place and evaluate a well-informed health policy and to decrease the reporting burden. Nevertheless, some voiced reluctance and fear of duplication of efforts in this respect.

The Commission representative considered that while the initiatives respond to the need of Member States to identify evidence of best practice based on regular gathering of comparable data, there is also a need for fine-tuning so as to avoid overlapping work carried out in other fora, such as the OECD. To that end, he considered it necessary to carry out a mapping of the activities in this area in order to identify the gaps and redundancies and to establish a proper prioritisation and focus.

The Presidency invited delegations to submit written comments on this item by 20 February 2017.

6. EXPERT GROUP ON HEALTH SYSTEMS PERFORMANCE ASSESSMENT (HSPA)

At the request of the President, the Commission presented the final report of the Commission Expert Group on HSPA (HSPA Working Group) on measuring the performance of integrated care (document 5169/17 ADD1). The Belgian co-chair of the HSPA Working Group introduced the preliminary reflection on the future work programme of the expert group (cf. doc. 5169/17) as well as the proposed amendments to the rules of procedure of that expert group, aimed at setting up a procedure for electing a co-chair of the expert group (cf. doc. 5169/17 ADD3).

After those presentations, the Presidency invited the group to:

- Endorse the proposed amendments to the rules of procedure of the above mentioned expert group as set out in document 5169/17 ADD3;
- Give guidance to the expert group in the choice of its priority areas for its post 2107 work, by prioritising and highlighting strategic aspects that the expert group should focus on. To this end, some questions were raised in the note (cf. doc. 5169/17).

The WPPHSL endorsed the suggested amendments to the rules of procedure without changes.

As regards the priority areas for the future work of the expert group, many delegations mentioned the resilience and efficiency of healthcare systems, evaluation of access to healthcare (including equity) as well as healthcare for mental illnesses. Other topics mentioned were prevention and health promotion; primary care; gender dimension of health and healthcare; patients' empowerment /autonomy of patients; patient centred healthcare and evaluation of Information and Communication Technologies (ICT) in healthcare.

The Presidency invited delegations to submit written comments on the priority areas by 20 February 2017.

7. PROGRESS REPORTS ON COOPERATION TOWARDS EFFECTIVE, ACCESSIBLE AND RESILIENT HEALTH SYSTEMS

The Commission updated the WPPHSL on the progress reports on cooperation towards effective, accessible and resilient health systems, while highlighting the following issues:

- the 2017 European Semester process: the newly introduced step on consulting Permanent Representations on Country Reports. The Commission encouraged the WPPHSL to get involved with the Social Protection Committee in giving feed-back on the Country Reports and Country Specific Recommendations;
- Health in the European Pillar of Social Rights: the Commission will present its final proposals in March and will propose actions on each of the pillars;
- “State of Health” in the EU cycle: the 'Health at a Glance: Europe 2016' report will be followed up in November 2017 by the country reports and a Commission paper highlighting cross-cutting topics that could reveal potential for EU value added;
- European Reference Networks: 23 Networks have been approved in December 2016 and one ERN is under assessment, with partners from 25 EU MS plus Norway and including more than 950 healthcare units and 313 hospitals. A major conference organised by the Commission, hosted by Lithuania and under the auspices of the Maltese Presidency will be held on 9 March 2017 in Vilnius to mark the official launch of ERN activities;
- Cross-border healthcare Directive: the compliance check started and there are several case-studies ongoing to see how the implementation is pursued at Member State level;
- Digital Single Market/eHealth Network: the mid-term review for the Digital Single Market Strategy is scheduled to be finalised in May 2017. As part of the Digital Single Market, 16 Member States are building an eHealth Digital Service Infrastructure in order to be able to exchange prescriptions and patient summaries;
- Health Technology Assessment (HTA), most importantly, on the Commission Initiative on Strengthening of the EU cooperation on HTA: an Inception Impact Assessment has been launched on 14 September 2014 and the public consultation on the future of HTA has closed on 20 January;
- the Expert Panel on Effective Ways of Investing in Health (EXHP) has been renewed in October 2016;

- Health Investment by European Structural and Investment Funds (ESIF): There is a new project with ESIF support in the area of health related to building knowledge and capacities; Several projects in the health area are financed through the Investment Plan for Europe – EFSI 2.0;
- The Structural Reform Support Service (SRSS) has EUR 142,8 million allocated for 2017-2020; this service could for example be used to provide technical support for initiatives related to universal access to quality healthcare; governance and efficient public administration; fair and sustainable health systems financing; human resources for health.

The WPPHSL took note of the information provided by the Commission.

8. THE EU HEALTH STRATEGY: OTHER DEVELOPMENTS IN PUBLIC HEALTH

The Commission updated the WPPHSL on the main developments related to the EU Health Strategy, highlighting the following issues:

- Chronic Diseases: The Joint Action Chordis will hold its final conference 27-28 Feb 2017. A new Joint Action on chronic diseases is under preparation. The new Steering Group on Promotion and Prevention met for the first time in November 2016 and will provide steering to the future EU Resource Centre for best practices in the field;
- Food reformulation: This is an action with clear EU added value, as reformulation can't be effective at national level alone. The EU Framework included actions on Salt in 2008; Selected Nutrients in 2011; Saturated fat in 2012 and Added sugars (-10% by 2020) in 2015. The June 2015 Council Conclusions also call for national plans. In 2016 there has been agreement on a monitoring methodology for those actions both by the High Level Group on Nutrition and Physical activity and by the EU platform for action on diet, physical activity and health;
- Joint procurement: has been successfully employed for the procurement of botulism anti-toxin (renewed in 2016); personal protective equipment (to be re-launched in 2017); pandemic influenza vaccines (call to be launched in spring 2017; framework contract to be signed by the end of 2017);

- Next Multi-Annual Financial Framework (after 2020): There will be a Commission proposal on the next MFF by the end of 2017 and proposals on the specific sectorial Programmes by 30 June 2018.

The WPPHSL took note of the information provided by the Commission.

9. THE ROLE OF THE EU IN INTERNATIONAL HEALTH FORA

The Presidency provided a short summary of the two international events during the past six months that were considered of main interest, either due to the role played by the EU in the negotiations, in the case of the WHO Framework Convention on Tobacco Control (FCTC), or due to the interest for health policy in general, in the case of the OECD Health Ministerial Conference. The Presidency also provided written information on these two events.

- WHO Framework Convention on Tobacco Control (FCTC) – outcome of the 7th Conference of Parties, New Delhi, India 7-12 November 2016.

The WPPHSL took note of the information provided by the Presidency (cf. doc. 5176/17).

- Update on OECD Health Ministerial Conference of January 2017

The WPPHSL took note of the information provided by the Presidency (cf. doc. 5179/17).

10. ANY OTHER BUSINESS

None.
